Post-Event Summary Report

Name of Event: Mental Health: Alzheimer's, Depression, Pharmacology, Loneliness &

<u>More</u>

Date of Event: Wednesday, August 24, 2005

Location of Event: Western Maryland Hospital Center, 1500 Pennsylvania Avenue,

Hagerstown Maryland

Number of Persons Attending: 9

Sponsoring Organizations: Alzheimer's Association & Western Maryland Hospital

Center

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<u>Priority Issue #1:</u> Prescription control/ prescription awareness. (Too many prescriptions ordered

without talking to psychiatrist/ Doctors don't talk with other doctors/ people get their prescriptions filled at a number of different pharmacies/ multiple doctors/ multiple prescriptions/ Doctors don't know what drugs people take)

Barrier:

- o doctors have no time to talk to each other
- o HIPPA
- o finances dictate the health system and how people practice
- o cost of medicine
- health system is segmented
- amount of paperwork and time paperwork takes to get through system
- patient does not understand, communicate to the doctor the medication/drugs they are taking

- medication management service provided by pharmacists
- o change Medicare reimbursement
- educate consumer in regards to the medication they are taking & importance of communicating that to their physician
- someone to manage senior care with Medicare to pay for pharmacy management

^{*}mental health refers to mental health, Alzheimer's and other related disorders, and depression

- electronic medical record
- o funding to support such services

Priority Issue #2: Cost of housing

Barrier:

- o limited availability
- o poor neighborhoods for people who have low income
- o stigma of senior housing
- o poor quality and unsafe housing

Solutions:

Two tiered approach for housing to be both supportive as well as economical

- structured housing that allows for independent living such as a modified domiciliary but live in manager would do more than collect rent.
- some long term care institution for people with severe mental illness or people with severe behavioral issues due to dementia. Suggest increasing number of beds with no waiting list (verses those who are court ordered can get into such existing facilities) and close to "home' or family members.

<u>Priority Issue #3:</u> Stigma of mental health* issues which prevents identification of and treatment of mental health problems, especially depression among older persons

Barrier:

- lack of education with general public and the older population about symptoms and treatment of depression and other mental health problems.
- o fear
- belief that mental health treatment not effective with older persons with concurrent physical health problems and losses in quality of life.
- depression among older persons often presents as somatic illness or problem

- o better education to the public regarding mental health issues
- o better education to staff regarding mental health issues
- o insurance needs to pay for mental health issues (verses the current pre-approval for benefits)

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 doctors should perform routine wellness checks for mental health issues (as they routinely check for heart issues)

Priority Issue #4: Programs for well elderly

Barrier:

- o money for wellness programs
- o getting people to utilize programs
- o caregiving issue- there is not time
- o space
- o stigma of "senior" programming

Solutions:

- o marketing and education for program
- well developed program
- o funding to support such services
- location to target population

Priority Issue #5: Transportation

Barrier:

- cost of transportation
- o amount of people who are willing to drive people
- o not enough public transportation vehicles
- sliding scale fee is not reliable between who gets sliding scale fee and those who don't
- o awareness of limited transportation resources is low

- o coordinate resources better
- central transportation needs service center or manager (Wooster County may have model)
- funding to support such services

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Priority Issue #6: Timely doctor appointments for people with mental health

Barrier:

- o system and insurance issue
- o standard should be 2 weeks from call
- o doctor recruitment

- o insurance verification system
- o insurance system streamlined
- o funding to support such services